



SANDRA SHEWRY  
Director

State of California—Health and Human Services Agency  
**Department of Health Services**



ARNOLD SCHWARZENEGGER  
Governor

September 9, 2004

Dear Interested Parties:

**SACRAMENTO GEOGRAPHIC MANAGED CARE DENTAL PROGRAM REQUEST FOR APPLICATION 04-43585 Administrative Bulletin 3, Addendum 2**

Administrative Bulletin 3, Addendum 2 issued by the California Department of Health Services, Office of Medi-Cal Procurement (OMCP), provides official responses to questions regarding RFA 04-43585 submitted by interested parties. Additionally, in Administrative Bulletin 1, Addendum 1, an error in numbering the replacement page of Attachment 2 (deleting the DVBE requirements), the page was incorrectly identified as Page 32.

Enclosed you will find Addendum 2 for the Sacramento Geographic Managed Care Dental Program, replacing any and all pages previously identified as page 32 and page 33 of the RFA. When complete, the only change to pages 32 and 33 from the originally issued RFA will be the removal/strikethrough of the DVBE requirement, Attachment 8 checklist item.

REMOVE EXISTING PAGES	ADD NEW/REPLACEMENT PAGES
RFA, Attachment 2, <i>Required Attachment Certification Checklist</i> , pages 32 and 33	RFA, Attachment 2, <i>Required Attachment Certification Checklist</i> , pages 32 and 33

As Attachment 2, *Required Attachment Certification Checklist*, was issued a single side page format, no differences exist between the electronic and hard copy versions of this Attachment.

This Administrative Bulletin and Addendum are also available on the OMCP web site at [www.dhs.ca.gov/omcp](http://www.dhs.ca.gov/omcp).

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Thank you for your continued interest in the Sacramento Geographic Managed Care Dental Program Request for Application effort.

If you have further questions, please contact Nathan Greve, lead analyst assigned to this procurement, at (916) 255-6032.

Sincerely,

Donna Martinez, Chief  
Office of Medi-Cal Procurement

Enclosures

? #	RFP Section	Pg	Question/Comment	Official Response
1	Content Requirements K, 4,E, i, g	17	Please expand on requirement to provide information on record handling and recording dental records.	Dental records are to be prepared in an industry standard format with language and notations that allow for clear and concise understanding of the diagnosis, treatment plan, services provided and any other relevant information regarding the care and the treatment of the beneficiary.  Applicant's system should allow for easy tracking, appropriate storage and access for audit, review, inspection and other necessary monitoring functions of dental records.
2	Content Requirements J,2,c	14	We are required to submit 1 CD-Rom of the application. Can the whole document (including all the exhibits) be submitted as a scanned document?	Yes, scanned information placed on the CD is acceptable.
3	General		What is the open enrollment time frame?	There is no enrollment period. However, Beneficiaries are limited for six (6) months from moving from the plan with which they start. After the initial six (6) month period, Beneficiaries are free to move to another plan at anytime and as often as they choose.
4	Purpose Background and Description of Services A, 2, a, 4	3 and 4	Please confirm how the default enrollment process works.	Please see the RFA Purpose Background and Description of Services Section A, 2,a,4.
5	Qualifications Requirements & Required Documentation H,4,a	12	How is "financial soundness" measured?	Knox-Keene licensed plans are audited on an annual basis. Applicants must meet the standards set by the Department of Managed Health Care (DMHC) in order for you to maintain your Knox-Keene license. DMHC has established standards for financial evaluations during their audit process.  This RFA acknowledges DMHC audit process as establishing standards for financial soundness.

? #	RFP Section	Pg	Question/Comment	Official Response
6	Qualifications Requirements & Required Documentation H,4,d,9	13	What period should be used for forecast?	3 years, the maximum length of a contract.
7	Qualifications Requirements & Required Documentation H,4,d,9	13	Is there a sample format for this budget statement?	No format has been established.
8	General		Please define "term/condition" language. Is there a model contract format for this language?	Terms and Conditions language is established during contract negotiations. Any questions regarding any contract issues should be addressed to California Medical Assistance Commission (CMAC)  California Medical Assistance Commission Karen Thalhammer, Senior Negotiator 770 L Street, Suite 1000 Sacramento, CA 95814 (916) 324-2726 (916) 324-5597 Fax
9	General		Please confirm what negotiated rate term will be.	This is a contract issue, please see answer to 8 above.
10	General		Please confirm the timeframe for submitting approved RFA to CMAC for review.	This has not been established.
11	General		What are the approved marketing guidelines?	The guidelines are established by California Code of Regulations (CCR) Title 22, § 53920 and § 53920.5.

? #	RFP Section	Pg	Question/Comment	Official Response
12	General		Is it the department's intention to require existing to plans to submit a formal proposal for consideration?	Yes. All of the existing Plans must submit an application. This is because all Sacramento GMC Dental contracts are expiring 12/31/04. The law limits the number of years the contracts can be in length. We have no vehicle to offer any extensions on the existing contracts. Therefore all Plans aspiring to contract with the State to provide Dental services must apply regardless of any prior existing contracts. The RFA outlines the application requirements.
13	General		Since GMC is not a voluntary program in terms of enrollment for the beneficiaries, doesn't the current law require this type of process in terms for qualification and contracting under this program?	Yes The law requires mandatory enrollment. At the same time it also says enrollment of a beneficiary shall not be terminated except for loss of eligibility, for good cause as determined by the department, or at the request of the beneficiary. Therefore, anyone who is currently enrolled with an existing Sacramento Geographic Managed Care Dental Plan that is approved will continue to be enrolled, because we do not anticipate a contract lapse.
14	General		RFA does not specify a page limitation for response. Is there a page limit?	No page limitation exist.
15	General		Must a header and footer be included on each page of the document (excluding forms)? If so, does DHS require specific wording such as the applicant's Company name on the header and 'Sacramento Geographic Managed Care Dental Program 04-43585 for the footer?	The minimum format requirements are found in J, 2, b 1-4. The RFA has no prohibition against additional information in either the headers or footers of the application submitted.
16	General		Is the application to be single or double-spaced?	The minimum format requirements are found in J, 2, b 1-4. The RFA does not dictate spacing requirements.
17	Content Requirements K,4,e,i,j	17	K,4, j pg 17, Bullet j is not shown on our RFA is this an error or is it missing?.	K, 4, j page 17 was a numbering error and does not exist.

? #	RFP Section	Pg	Question/Comment	Official Response
18	General		Are Dental Administrators able to market their GMC dental plan to Enrollees currently enrolled in their dental plan?	Marketing is limited to specific conduct that is described in the CCR Title 22, Article 3, § 53290. All printed materials must be reviewed and approved by the Department. Mailings must be coordinated with Department. Direct contact with beneficiaries or potential beneficiaries is possible at GMC options presentations (enrollment contractor coordinated events). It is possible to have direct contact with a beneficiary or potential beneficiary but this must be coordinated with the Department and prior written approval for each contact is required.  See CCR Title, Article3, § 532920 through 53407 for details on the specific details of marketing requirements or limitations.
19	General		Are Dental Administrators able to market their GMC dental plan to Enrollees not currently enrolled in their dental plan?	See the answer to question 18 above.
20	General		Are Dental Administrators able to market their GMC dental plan to Enrollees enrolled in their medical plan, but not in their dental plan?	See the answer to question 18 above.
21	General	N 4 1 page of Info sheet	Is there GMC or Denti-Cal utilization information available to: Incumbent and Prospective applicant administrators?	Yes, Please refer to the GMC utilization report(s) within OMCP data library, report gmr-0-100 for contract year January 2003 through December 2003.
22	General	N P	Are current GMC or Denti-Cal provider directories information available to incumbent and prospective applicant administrators?	Yes. Please refer to the OMCP data library, dental GMC provider directories.
23	General		Has the Sacramento GMC program been formally evaluated by DHS or another organization to determine if program goals are being accomplished?	Yes. The report is in the Mercer Report, located in the OMCP data library.

? #	RFP Section	Pg	Question/Comment	Official Response
24	General		Are HEDIS figures by dental administrator available for the GMC dental program?	Yes. The HEDIS data requirement was a performance measure that was collected for the 1999 calendar year and is available in the data library. 42 CFR Part 438.240 governs the requirements of performance measures and only applies to PIHPs and MCOs. There is currently no HEDIS data requirement for the Sacramento Geographic Managed Care Dental program.
25	Content Requirements K,4,e,i,k	17	The RFA requires copies of all proposed or existing subcontracts related to securing health care services, administrative and management services or any other services necessary to fulfill its contractual obligations are required.  Would a listing of contracted vendors suffice, or will you need copies of all contracts and addendum?	Yes. Applicants are required to provide copies of all contracts and addendums.
26	Content Requirements K,4,e,i,k	17	Does the question above only apply to services provided for Sacramento Dental GMC?	Yes.
27	Content Requirements K,4,e,i,l	17	The Applicant shall provide a description of proposed marketing efforts, with realistic enrollment and marketing cost projections, for Medi-Cal Beneficiaries in Sacramento County  We have not been authorized to market to members. Are we expected to complete this portion of the RFA?	Yes.  California Code of Regulations (CCR) Title 22, § 53500 requires that applicants address issues related to marketing. The guidelines for marketing are established by California Code of Regulations (CCR) Title 22, § 53920 and § 53920.5.
28	General		Please define the eligibility aid codes of beneficiaries for mandatory and voluntary coverage for: Families, Aged, Disabled and Children	The "Aid Codes Master Chart" defines these and other codes and has been added to the data library.

## REQUIRED ATTACHMENT CERTIFICATION CHECKLIST

Qualification Requirements. I certify that the Applicant meets the following requirements and has provided the appropriate documentation when required:		Confirmed by DHS
<input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant is financially stable and solvent and has adequate cash reserves to meet all financial obligations while awaiting reimbursement from the State	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant has provided a copy of current, unrestricted Knox-Keene License as a dental plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant has included a Department of Managed Health Care (DMHC) statement showing it is in good standing with the DMHC as a dental plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Applicant has included the most recent audited annual report including the Income Statement, Balance Sheet, Statement of Cash Flow, all accompanying notes and the opinion letter for the annual report.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant has included a detailed cash flow budget, including all written assumptions, estimates and projections, demonstrating the availability and sources of funds needed to meet the obligations as a prospective contractor, for the prospective contract period.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Applicant has included all affiliate budgets, where it relies on the affiliate to provide services allowing it to operate in Sacramento County.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant has included a calculation of projected TNE, as provided to DMHC.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	The Chief Financial Officer has provided a statement affirming the financial statements provided as a true representation of the current financial condition of the Applicant.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant has provided a description of its administrative structure.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant has provided information on the functions and responsibilities of all principals, policymakers, executive officers, dental directors and administrators including: name, business address, IRS employer number and any applicable dental specialty, license numbers and Medi-Cal provider number.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Applicant has provided a list of all subcontracts with Applicant and all affiliates.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant has provided the location and description of all dental offices, and other facilities related to this Application.	<input type="checkbox"/> Yes <input type="checkbox"/> No



### Required Attachment Certification Checklist

Qualification Requirements. I certify that the Applicant meets the following requirements and has provided the appropriate documentation when required:		Confirmed by DHS
<input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant has provided a description of proposed marketing efforts with realistic enrollment and marketing cost projections for Medi-Cal Beneficiaries in Sacramento County.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant has provided a description of the procedures for providing emergency dental care. Applicant has also included a description of the procedures for providing prompt reimbursement of non-plan providers for emergency services rendered to members.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant has provided a description of its process for the handling and recording of dental records.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Applicant has provided copies of all proposed or existing subcontracts to secure dental services, administrative and management services, including any other services necessary to meet the requirements of this RFA, except as allowed by statute.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Required Attachment / Certification Checklist Form Section with the Following Attachments / Forms:</b>		<b>Confirmed by DHS</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Attachment 1, Application Cover Page	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Attachment 2, Required Attachment / Certification Checklist	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Attachment 3, Applicant Information Sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant has provided the Current/Proposed Dental Provider Network, Attachment 6.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 7, Payee Data Record. <b>[Check "N/A" if you have had a prior contract with DHS.]</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<del>Actual DVBE Participation (Attachment 8a) and DVBE certifications for each subcontractor or supplier listed. Complete this form according to the instructions in Attachment 8 if you attained partial or a full 3% DVBE participation. [Indicate "N/A" if you achieved zero participation and chose to complete the good faith effort form.]</del>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<del>Good Faith Effort (Attachment 8b) and applicable GFE documentation. Complete this form if you did not attain a full 3% DVBE participation. [Check "N/A" if you achieved a full 3% DVBE participation and submitted Attachment 8a or check "N/A" if the proposed cost for the entire contract term is under \$10,000.]</del>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant has completed Attachment 9, Beneficiary Non-Discrimination Certification.	<input type="checkbox"/> Yes <input type="checkbox"/> No